## FEC FORM 2 STATEMENT OF CANDIDACY

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|  | <del></del>               |                        | II. MAY 10. DM 1. OC                                   |
|--|---------------------------|------------------------|--|
| (a) Name of Candidate (in full)     Mark L. Pryor  |                           |                        | JOH Z  |
| (b) Address (number and street)<br>PO Box 2720   | Check if add              | lress changed          | 2. Candidate's FEC Identification Number S0AR00028     |
| (c) City, State, and ZIP Code<br>Little Rock, AR 72203   |                           |                        | 3. Is This New Statement (N) OR (A)                    |
| 4. Party Affiliation DEMOCRATIC PARTY 5.   | Office Sought<br>Senate   |                        | State & District of Candidate AR                       |
| DESIGN   | ATION OF PRI              | NCIPAL CAN             | MPAIGN COMMITTEE                                       |
| 7. I hereby designate the following name   | ed political committee    | as my Principal C      | • •  |
| NOTE: This designation should be filed   | with the appropriate o    | office listed in the i | (year of election) instructions.                       |
| (a) Name of Committee (in full)  |                           |                        |  |
|  |                           |                        |  |
| Mark Pryor for U.S. Sen  | ate<br>——————             |                        |  |
| (b) Address (number and street)  |                           |                        |  |
| PO Box 2720  |                           |                        |  |
| (c) City, State, and ZIP Code  |                           |                        |  |
| Little Rock, AR 72203  |                           |                        |  |
| I hereby authorize the following name behalf of my candidacy.  NOTE: This designation should be filed was a second control of the filed w      |                           |                        | oal campaign committee, to receive and expend funds on |
| (a) Name of Committee (in full)  |                           |                        |  |
| Arkansas Senate Victory  | Fund                      |                        |  |
| (b) Address (number and street)  |                           |                        |  |
| 600 Pennsylvania Ave SE  | Ste 210                   |                        |  |
| (c) City, State, and ZIP Code  |                           |                        |  |
| Washington, DC 20003   |                           |                        |  |
| I certify that I have examined thi   | s Statement and to th     | ne best of my know     | wledge and belief it is true, correct and complete.    |
| Signature of Candidate   |                           |                        | Date   |
| MARK Powar   | 5.6.14                    |                        |  |
| Note: Submission of false, erroneous, or Incompl   | ete Information may subje | art the nerson siesi   |  |
| and the state of t | and manager may study     | Sec are person signing | uns statement to penallies of 2 0.5.0 43/g.            |
|  | 1 1                       | 1 1                    | 1  |

#### FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)

FEC FORM 2 (REV. 02/2003)

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#### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Alaska-Arkansas Senate Victory

(b) Address (number and street)

600 Pennsylvania Ave SE

Ste 210

(c) City, State, and ZIP Code

Washington, DC 20003

#### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Arkansas-North Carolina Victory Fund

(b) Address (number and street)

600 Pennsylvania Ave SE

Ste 210

(c) City, State, and ZIP Code

Washington, DC 20003

#### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Louisiana Arkansas Victory Fund

(b) Address (number and street)

600 Pennsylvania Ave SE

Ste 210

(c) City, State, and ZIP Code

Washington, DC 20003

#### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ADDITIONAL]

(Including Joint Fundraising Representatives)

### FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)

| (a) Name of Committee (in full)                                 |  |
|---|--|
| Arkansas North Carolina Louisiana Victory Fund                  |  |
| (b) Address (number and street) 600 Pennsylvania Ave SE Ste 210 |  |
| (c) City, State, and ZIP Code                                   |  |

# 354300 4020

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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| THE PRECEDING DOCUMENT WAS: 5-13-14  |
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